

#### REVIEWER'S REPORT

# **IRO CASE #:**

# DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy.

# **DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

#### **REVIEW OUTCOME:**

	n independent review ninations should be (ch	w, I find that the previous adverse determination leck only one):	or
X _	_Upheld	(Agree)	
	_Overturned	(Disagree)	
	_Partially Overturned	(Agree in part/Disagree in part)	

Per ODG Guidelines, medical necessity has not been established for the requested procedures.

### INFORMATION PROVIDED FOR REVIEW:

- 1. Denial information, 2/4/10; 2/9/10
- 2. Office notes, MD, 6/11/09 thru 1/8/10
- 3. Psychological screening, Orthopedics, 6/10/09
- 4. Exam notes, MD, 8/25/08
- 5. CMT & ROM testing, Therapy & Diagnostic, 6/11/09; 1/8/10
- 6. BHI2, 2/6/10
- 7. Imaging reports, Imaging Center, 5/28/09; 6/10/09;; 10/30/09
- 8. EMG/NCV testing 7/7/08
- 9. Lumbar myelogram, Imaging Center, 10/30/09

# **INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual sustained a back and leg injury in a motor vehicle accident. Extensive conservative measures have been utilized, including physical therapy, medications, and injections. There is persistent back and leg pain with MRI scan and EMG evidence of radiculopathy.

# ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

There is no indication in the ODG Guidelines nor in the usual clinical practice to insert a long-term epidural/subarachnoid and implanted pump.

# DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

ACOEM-American College of Occupational & Environmental Medicine UM
Knowledgebase.
AHCPR-Agency for Healthcare Research & Quality Guidelines.
DWC-Division of Workers' Compensation Policies or Guidelines.
European Guidelines for Management of Chronic Low Back Pain.
Interqual Criteria.
Medical judgment, clinical experience and expertise in accordance with accepted
medical standards.
Mercy Center Consensus Conference Guidelines.
Milliman Care Guidelines.
XODG-Official Disability Guidelines & Treatment Guidelines.
Pressley Reed, The Medical Disability Advisor.
Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
Texas TACADA Guidelines.
TMF Screening Criteria Manual.
Peer reviewed national accepted medical literature (provide a description).
Other evidence-based, scientifically valid, outcome-focused guidelines (provide a
description )